

CITY OF SAN JOSÉ, CALIFORNIA APPLICATION FOR CAMPAIGN FINANCE REVIEW AND ETHICS BOARD (ETHICS BOARD)

MEMBERS OF SAN JOSE'S CAMPAIGN FINANCE REVIEW AND ETHICS BOARD (ETHICS BOARD) MUST BE RESIDENTS OF SAN JOSE. PLEASE TYPE OR PRINT IN BLACK INK. FACSIMILE APPLICATIONS CANNOT BE ACCEPTED. Submit original application to the Office of the City Clerk, 801 North First Street, Room 116, San Jose, California, 95110, Telephone (408)277-4424. If more space is needed, please attach additional pages. Applications are valid for one year for the date of application.

Board or Commission applying for:			
Are you a resident of San José?	Length of Residency	Council District No.	
Name (last, first, middle)		Home Phone No. Work Phone No. E-Mail Address	
Address			
		San José, CA Zip	
Present Employer (Name/Address)		Job Title/Description of De	uties:
Current Employer of Spouse (Name/Address)		Spouse's Job Title/Description of Duties:	
College, Professional, Vocational or Other Schools Attended	Major Subject	Dates Attended	Degree & Date
List any position or office held in any gove	ernmental agency, civic	or charitable organization includi	ng the dates:
Languages spoken:			

member. Please indicate any familiar	e a member of this Board including specific objectives which you would work toward as rity or experience you may have with campaign laws.
CONFLICT OF INTEREST: State and financial interests, including sources may be required to fill out a discloss immediate twelve-month period pridecisions that may affect sources of it explain. Please identify any organizathat might be affected by decisions	d local law require that you abstain from participation in decisions that may affect you sof income, interests in real property or investments. In addition, if appointed, you ure statement which identifies certain of your financial interests beginning with the or to your appointment. Based on your best judgement, does this Board make income, interests in real property or investments of you or your spouse? If yes, please ations, associations, corporations or entities by which you are employed or associated of this Board, and the positions you hold.
SAN JOSÉ REFERENCES:	
	Phone No.
Name Address	
SAN JOSÉ REFERENCES: Name Address Name Address	Phone No. Phone No.
Name Address Name Address	
Name Address Name Address	
Name Address Name	Phone No. DATE SIGNED
Name Address Name Address SIGNATURE OF APPLICANT SOCIO-DEMOGRAPHIC INFORM	Phone No. DATE SIGNED
Name Address Name Address SIGNATURE OF APPLICANT SOCIO-DEMOGRAPHIC INFORM Male Female	Phone No. DATE SIGNED ATION: (OPTIONAL)
Name Address Name Address SIGNATURE OF APPLICANT SOCIO-DEMOGRAPHIC INFORM Male Female Disability: Yes No A	Phone No. DATE SIGNED ATION: (OPTIONAL) 18-35
Name Address Name Address SIGNATURE OF APPLICANT SOCIO-DEMOGRAPHIC INFORM Male Female Disability: Yes No A Racial/Ethnic Identification:	Phone No. DATE SIGNED ATION: (OPTIONAL) 18-35